PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
21186 7590 04/29/2008						
SCHWEGMAN, LUNDBERG & WOESSNER, P.A. I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an e						
P.O. BOX 2938	}	•	es Postal Service w	ith sufficient postage for fire	st class mail in an envelope	
MINNEAPOLI	S, MN 55402		tran	smitted to the USP1	Stop ISSUE FEE address (O (571) 273-2885, on the	late indicated below.
				Alysha S	. Kramber	(Depositor's name)
				Much	- S. Man	(Signature)
				1.11	-8.2008	(Date)
			<u> </u>	JULY 2	-0,2000	(3-4)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/735,268 12/12/2003			Timothy W. Olsen		600.571US1 2188	
TITLE OF INVENTION: SCLERAL DEPRESSOR						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/29/2008
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
TRUONG, K	EVIN THAO	3734	606-107000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the respondence address or indication of "Fee Address" (37 CFR 1.363).						
CFR 1.363).	ondence address (or Cha	nge of Correspondence	(1) the names of up to or agents OR, alternative	3 registered patent	attorneys 1 Schweg	Julian, Lundberg
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Or agents OR, alternatively, (2) the name of a single firm (having as a member a						
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	ication (or "Fee Address" 2 or more recent) attach	"Indication form ed. Use of a Customer	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Regents of the University of Minnesota St. Paul, Minnesota						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🔘 Government						
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.						
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit an overpayment, to Deposit Account Number 19-0743 (enclose an extra copy of this for						ficiency, or credit any
			overpayment, to Depos	sit Account Number	19-0743 (enclose a	n extra copy of this form).
5. Change in Entity State	•	•	—			
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.						
Authorized Signature	1)11	l-		Data Fel	L2820	R
Typed or printed name	David W. Bla	ck	Date Joly 28, 2008 Registration No. 42,331			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.						
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.						